

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on November 26, 2003.

## **I. DISPUTE**

Whether there should be additional reimbursement for CPT code 29876 rendered on 8/22/03.

## **II. RATIONALE**

The carrier has denied CPT code 29876 as "F-Fee guideline MAR reduction". The requestor performed arthroscopy and billed for CPT code 29879 as the primary code and 29876 as the secondary procedure. Per the Medicare Online Fee Schedule the participating amount is \$582.51 x 125% = \$728.14 and is reimbursable at 50% per the multiple surgery reduction rule, for a total recommended MAR amount of \$364.07. The EOB dated 9/4/03 reflects payment in the amount of \$243.81. Therefore, the requestor is entitled to an additional reimbursement in the amount of \$120.26.

## **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code(s) in the amount of **\$120.26**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$120.26** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 05<sup>th</sup> day of March 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

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